## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F97000004435

1. Corporation Name

WEST VIRGINIA PCS. INC.

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90050 048 \*\*\*150.00

11201 11	richitar i oo, mo									
Principal Place	of Business	Mailing Add	Iress			_	4 100 1100 1110 10111 10111 00111 00	III <b>13</b> III <b>Va</b> li	)  <b>     </b>	HERD BANK SERI
1245 W. FAIRBANKS #380 1245 W. FAIRBANKS #380							1			
WINTER PARK FL 32789-4878 WINTER PARK FL 32789-4878			}							
							DO NOT WRITE II	N THIS S	PACE	$\neg$
				_			3. Date Incorporated or Qualifed 08/22/1997			_
2. Principal Pl	ace of Business	2a. Mailing	Address			_	4. FEI Number			plied For
21		26					59-3437095		<del></del> -	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	1	\$8.75 A	
City & State	9	City & State				6. Election Campaign Financing	1	\$5.00	May Be	
23		28					Trust Fund Contribution	J 	Added t	o Fees
Zip	Country	Zip		Country	,		8. This corporation owes the current	year Intan	gible	
24	25	29	3	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Ag	ent				10. Name and Address of New Regi	stered Ag	jent	
				81	Na	ame				
VEGA, RICHARD L 1245 W. FAIRBANKS #380					St	reet Addre	ss (P.O. Box Number is Not Acceptable)	<del>)</del>		
WINTER PARK FL 32789-4878			83	<del> </del>						
				84	Cit	tv			85 Zip (	Code
						•	<u>,                                     </u>	FL	<u> </u>	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508,	Florida Statutes	, the above	e-nai	med corpor	ration submits this statement for the purp 's board of directors. I hereby accept the	oose of ch	ianging its ment as re	registered aistered
agent. I a	m familiar with, and accept the obligation	tions of, Section	607.0505, Floric	la Statutes	ine :	corporation	19 board of directors. Thereby becope	рр		
SIGNATURE										
	Signature, typed or printed name of registered ager		(NOTE, R		nt sign:	ature required		DATE		50 111 40
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition
TITLE	PDC		☐ DELETE	1.1 TITLE		İ		,	Change	
NAME	VEGA, RICHARD L			1.2 NAME		}				ţ
STREET ADDRESS	1245 W. FAIRBANKS #380			1.3 STREE		RESS				
CITY-ST-ZIP	WINTER PARK FL 32789-4878		F) DELETE	1.4 CITY-S	T-ZIP			<del></del> -	Change	Addition
TITLE	VS		☐ DELETE	2.1 TITLE				ı		
NAME	VEGA, RICHARD L JR			2.2 NAME		]				
STREET ADDRESS	1245 W. FAIRBANKS #380			2.3 STREE						
CITY-ST-ZIP	WINTER PARK FL 32789-4878		M DELETE	2. 4 CITY-5	ST-ZIP	<del>'</del>			Change	
TITLE	D		DELETE	3.1 TITLE		1		•		
NAME	WALKER, WILLIAM			3.2 NAME						
STREET ADDRESS	28 OLD FULTON ST., #5A			3.3 STREE						
CITY-ST-ZIP	BROOKLYN NY 11201		DELETE	3.4. CITY-5	ST-ZIP				Change	Addition
τιπιε	D SNOONS IMMED W ID			4.1 TITLE		1		1	onango	
NAME	ENOCHS, JAMES W JR			4. 2 NAME						
STREET ADDRESS	416 RANDOLPH RD.			4.3 STREE		RESS				
CITY-ST-ZIP	HOPEWELL VA 23860		DELETE	4.4 CITY-S	T-ZIP				☐ Change	Addition
TITLE	D DEITZ MOUAEL		r" nere₁e	5.1 TITLE 5.2 NAME				!		L., 10011011
NAME	DEITZ, MICHAEL			5.3 STREE		PESS				
STREET ADDRESS	5211 W. 64TH TERRACE			5.4 CITY-S		NLOO				
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66208_		DELETE	6.1 TITLE	, (-ZIP				☐ Change	Addition
TITLE			ب محدداد	6.2 NAME						
NAME.				6.3 STREE	ירום ד	RESS				
STREET ADDRESS				6.4 CITY-S						
CITY-ST-ZIP				0.4 CH 7-3	, - ZIP	1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver ortrustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR